IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Examiner: M. Audet

Art Unit: 1654

Re:

Application of:

Srinivasan Ramanathan, et al.

Serial No.:

10/072,657

Filed:

February 8, 2002

For:

ENHANCED ORAL AND TRANSCOMPARTMENTAL

DELIVERY OF THERAPEUTIC OR

DIAGNOSTIC AGENTS

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450 April 12, 2004

Sir:

Reconsideration of the present application in view of the following amendments and remarks is respectfully requested.

I. INTRODUCTORY COMMENTS

In response to the Restriction Requirement mailed December 11, 2003 please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins of page 2 of this paper.

Remarks begin on page 9 of this paper.

FORM PTO-1083 In Pie

COMMISSIONER FOR PATENTS Alexandria, VA 22313-1450

In re application of:

Srinivasan Ramanathan, et a

Serial No.:

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ENHANCED ORAL AND TRANSCOMPARTMENTAL DELIVERY OF THERAPEUTIC OR

DIAGNOSTIC AGENTS

Sir:

Transmitted herewith is a Response to Restriction Requirement in the above-identified application.

[]	Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
	Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.

[X] No fee for additional claims is required.

A filing fee for additional claims calculated as shown below, is required:

	(Col. 1)	(Col. 2)	<u>.</u> .	SMAL	L EN	TITY		LARGE ENTITY	
FOR:	REMAINING	HIGHEST	_	RAT	E	FEE	<u>or</u>	RATE FEE	
	AFTER	PREVIOUSLY	PRESENT	_					
	AMENDMENT	PAID FOR	EXTRA	_					
TOTAL CLAIMS	L CLAIMS * Minus** =		0	x \$	9 \$			x \$ 18 \$	
INDEP. CLAIMS	* Minus	*** =	0	x \$	42 \$			x \$ 84 \$	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$140 + \$280 \$									
-									

TOTAL:

TOTAL:

Docket No.: 614.1013 Date: April 12, 2004

If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Also transmitted herewith are: [X]

[X] Petition for extension under 37 C.F.R. 1.136 (in duplicate)

[] Other:

[X] Check(s) in the amount of \$475.00 is/are attached to cover:

[] Filing fee for additional claims under 37 C.F.R. 1.16

[X] Petition fee for extension under 37 C.F.R. 1.136

[] Other:

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552:

Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by [X] check submitted herewith.

Any patent application processing fees under 37 C.F.R. 1.17.

Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR

1.136.

Robert J. Paradiso, Reg. No. 41,240 DAVIDSON, DAVIDSON & KAPPEL, LLC

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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on

ON, DAVIDSON & KAPPEL, LLC